

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 11 1957

34542

STATE FILE NUMBER

Registration District No. **333** Primary Registration District No. **3074** Registrar's No. **172**

1. PLACE OF DEATH a. COUNTY Scott.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		c. CITY OR TOWN Sikeston Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hosp.		Length of stay in lb 3 Days	
3. NAME OF DECEASED (Type or print) First John Middle William Last Marshall		4. DATE OF DEATH Month 9 Day 25 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-27-1891
9. AGE (In years last birthday) 65		10. IF UNDER 1 YEAR 10 Months 28 Days 0 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Insurance	
11. BIRTHPLACE (City and state or country) Scott Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Carroll Marshall		14. MOTHER'S MAIDEN NAME Emma Elizabeth Sinuaird	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 0 (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. —	
17. INFORMANT Mrs. Pearl Marshall, Sikeston, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CANCER of STOMACH Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 151X			INTERVAL BETWEEN ONSET AND DEATH 2 mos.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 7.19.57 to 9.25.57 and last saw him alive on 9.25.57 Death occurred at 1:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl G. Popp M.D.		22b. ADDRESS Sikeston, Mo.	
22c. DATE SIGNED 9/25/57			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 9/27/57	
23c. NAME OF CEMETERY OR CREMATORY Blodgett Cemetery		23d. LOCATION (City, town, or county) Blodgett, Mo.	
24. FUNERAL DIRECTOR THE NUNNLEE FUNERAL CHAPEL		25. DATE REC'D. BY LOCAL REG. 9-27-57	
26. REGISTRAR'S SIGNATURE Mrs. Emma Thumacher			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DATE RECEIVED **OCT 7 1957**

SCOTT CO. HEALTH DEPT.

CO. FILE No. **1057-212**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed *Philip J. Cassey*.....

Licensed Embalmer No. **46**

P. O. Address *Liberty*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.